

Neighborhood Development Program

Fiscal Year 2018



Division of Housing & Community Development

October 2016



FY2018 NEIGHBORHOOD Re-DEVELOPMENT GRANTS

APPLICATION SUBMISSION REQUIREMENTS/POLICIES

PROGRAM PURPOSE

The primary purpose of the Neighborhood Development Program Grants is to identify non profit organizations and provide funding to build and support their programs, projects and services. These programs will assist the city in providing many of the necessary community and economic development activities that benefit its citizenry. This program is not meant to be the sole source for funding of an applicant's programs, projects or services. An important factor in this program is the ability to leverage existing funds and/or provide seed funds for capacity building and program implementation.

SOURCE OF FUNDS

- The source of funds for the Neighborhood Development Program grants is allocated through the City of Memphis General Fund budget on annual basis.

DESCRIPTION OF NEIGHBORHOOD Re- DEVELOPMENT PROGRAM CATEGORIES

Business and Economic Development

Business and economic development programs designed to increase the standard of living, create or retain of jobs or increase wealth within the community through the enhancement and introduction of new businesses or opportunities that generate commerce.

Examples: Workforce Development/ Job Training programs for low-to-moderate income persons. Small, minority and women-owned business enterprise development programs that offer technical assistance, counseling, etc.

Community Initiatives

Community Initiatives aim to do more than remediate problems, such as teen pregnancy or insufficient income, or to develop assets, such as housing stock or social services. These programs can include social, educational, economic, physical, and cultural activities designed for community building that strengthens the capacity of neighborhood residents, associations, and institutions. Most programs in this category are short term in nature and have a positive impact on the community.

Examples: Community events, clean-ups, housing, green initiatives, park improvements, housing activities, etc.

Community Development

Community development seeks to empower individuals and groups of people by providing these groups with the skills they need to affect change in their own communities. Community Development programs are considered longer term and play a vital role in creating sustainable neighborhoods of choice.

Examples: Financial literacy classes for Homeownership (supports CHDOs), neighborhood organization capacity building, computer literacy classes, self sufficiency classes, drug/alcohol treatment, at risk youth programs, etc.)

ELIGIBILITY REQUIREMENTS

- Must be a non profit organization with a 501(c)3 classification as determined by the IRS
- Must be incorporated in Tennessee under the Tennessee Nonprofit Corporation Act for at least one year prior to application
- Must provide documentation of fiscal stability and soundness of organization
- Must provide documentation of managerial competence and organizational capacity
- Must provide documentation of compliance with all applicable federal, state and local regulations

APPLICATION PROCESS

- Applicants must complete application with all Information requested by the deadline date November 5, 2016
- Applicants must submit completed application to HCD and ensure that it is date stamped

**City of Memphis
Division of Housing and Community Development
ATTN: SCIF
701 N. Main
Memphis, TN 38107**

- Applications submitted are date stamped and reviewed by Staff for completeness before review by external committee
- Completed applications are scored by an independent/external review committee
- Applicants are notified of acceptance or rejections
- All external committee approved applications are sent through the Resolution Process/City Council
- After the third reading by City Council final approval is granted
- Applicants will receive an official award letter from HCD
- Final step is to complete the contract process

Deadline for Submitting Applications

Completed applications must be submitted to the specified address no later than **Thursday, November 17, 2011**. Applications may not be sent by FAX, postal mail or e-

mail. However, they may be delivered on or before DEADLINE. Applications hand delivered will be accepted between the hours of 8:30 a.m. and 5:00 p.m. (CST) MTWTHF or official work days including the due date of November 5, 2016.

LATE APPLICATIONS WILL NOT BE CONSIDERED

Corrections to Deficient Applications

The City reserves the right to accept information solicited from an applicant to clarify an item in the application or to correct technical deficiencies, such as a list of board members, a copy of the strategic plan, etc. But, the City will not accept any unsolicited information from an applicant after the due date.

CITY INSURANCE REQUIREMENTS

All agencies awarded funds through the SCIF will be required to have insurance for the program. The required insurance is as follows:

- General Liability Insurance coverage in the amount of \$1,000,000.00
- Automobile Liability Insurance coverage in the amount of \$1,000,000.00
- The certificate of insurance must have a current issue date and include an additional insured endorsement page for each coverage.
- Workers Compensation: Agencies with five or more employees are required have Workers Compensation. This insurance is not required if you have less than (5) employees.
- The following language must appear in the Description of Operation: **“The City of Memphis is named as an additional insured”**(if any additional language is added to this statement your certificate will be rejected)
- The following language must appear in CERTIFICATE HOLDER: **City of Memphis, Attn: Risk Management, 2714 Union Avenue, Ext Ste 200, Memphis, TN 38112**
- The cancellation notice should be **(30)** days

All insurance must remain in full force for the duration of the project and must be issued by a company approved by the City. Agencies receiving funding through the SCIF may not use these funds to pay for the required insurance.

CONFLICT OF INTEREST

The City of Memphis' Charter, Code of Ordinances and policy provisions are made applicable to this Request for Proposal and Board members can not be city employees, family members of City employees or have any other applicable conflict of interest unless otherwise reviewed and approved by the City Attorney's Office.

APPLICATION FORMAT

All applicants must submit the completed SCIF Agency Profile, which includes **Exhibit I: Applicant Information**.

All applications must be submitted on the forms provided in the application packet or be computer generated using this format. If space provided for answers is insufficient, attach additional pages. Electronic files containing the general application and each program application are available upon request. **Additionally, the applications are available at the City of Memphis website: <http://scif.memphistn.gov>**

ALL APPLICATIONS MUST BE TYPED – NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED

All applications must be submitted as a packet and include the following items:

SCIF Agency Profile

- (1) copy of the Agency Profile must be submitted with the original application

Exhibit I: Check Off Sheet (provided in this packet)

- (1) one copy must be completed and attached as the cover sheet for the original application

Program Applications (provided in this packet)

- Program proposal must contain (1) original and five copies

**SCIF CHECKLIST
USE THIS AS YOUR COVER SHEET**

<u>Applicant Name</u>
<u>Applicant's Address</u>
<u>Authorized Representative</u>

Program Applying for:

_____ Community Development	\$ _____
_____ Community Initiatives	\$ _____
_____ Business/Economic Development	\$ _____

Exhibit I: Check Off Sheet

(Information to be included with the completed application).

1. Applicant Data _____

2. Required Documents as Required for Programs Checked Above-see matrix.

Charter _____

TN Certificate of Existence (current - up to date) _____

By-Laws _____

Mission Statement _____

501(c)3 _____

IRS Form 990 (tax return for nonprofit organization) _____

Agency Budget (in application) _____

Program Budget (in application) _____

Scope of Service _____

Project Description (in application) _____

Completed W-9 _____

**Audit or Financial Statement and Management Letter
(2010 or 2011)** _____

Officers and Board List _____

Board Composition _____

Board Participation _____

Nondiscrimination Policy _____

Staff Resumes _____

Proposed Job Descriptions (if applicable) _____

Support Letters/MOAs (if applicable) _____

License (if applicable) _____

Certificate of Insurance _____

Revised 9/1/16

SCIF Required Documents Glossary

Charter: The document filed with a U.S. state by a corporation's founders, describing the purpose, place of business, and other details of a corporation (also called articles of incorporation). A copy of your charter is required for SCIF to make sure your charter is current.

Tennessee Certificate of Existence: Documentation that the Tennessee Department of State recognizes you as a legal corporation. A copy of your Certificate of Existence is required for SCIF to make sure your certification is current.

Bylaws: The rules that govern the internal affairs or actions of a corporation. Bylaws generally include procedures for holding meetings and electing the board of directors and officers. The bylaws also set out the duties and powers of a corporation's officers. A copy of your bylaws is required for SCIF to determine the soundness of your organization and consistency with program funds sought.

Mission Statement: The fundamental purpose of your organization's activities. This is required for SCIF to determine the appropriateness with program funds sought.

501(c)3: Various sections of the Internal Revenue Code exempting certain charity and non-profit organizations from federal income tax. A copy of your organization's determination letter from the Internal Revenue Service recognizing your non-profit status, if applicable, is required for SCIF because non-profit status may be an eligibility requirement for certain types of funding.

IRS Form 990: The tax form filed with the IRS by tax-exempt organizations, other than private foundations. A copy of your most recently filed 990, if applicable, is required for SCIF as reference to your organization's financial statement as filed with the IRS and to show your organization is current with the IRS.

Agency Budget: An itemized forecast of income and expenses expected in the future. This is required for SCIF to determine the soundness of your organization and need for funds.

Audit: An examination of the financial records, typically undertaken to clean up bookkeeping or to verify that proper records are being kept. Businesses and non-profit organizations often undergo an annual audit by an independent accounting firm. A copy of your organization's most recent audit is required in lieu of a financial statement for SCIF to determine the soundness of your organization.

Financial Statement: A written report that quantitatively describes the financial health of a company. A financial statement includes an income statement, the accounting of sales, expenses and net profit for a given period, and a balance sheet, the quantitative summary of a company's financial condition at a specific point in time, including assets, liabilities and net worth. This is required in lieu of an audit for SCIF to determine the soundness of your organization.

Officers and Board List: The names and contact information of the Directors currently serving on your organization's Board and identification of the individuals serving as officers of the Board. This is required for SCIF primarily for reference.

Board Composition: The **street address and zip code, profession, age, gender, and ethnicity** of each Board member to insure compliance with nondiscrimination policies, as well as other requirements specific to individual programs.

Board Participation: Documentation of the attendance of Board members at meetings. This is required for SCIF to gauge the involvement and support by the Board of Directors in the activities of the organization.

Staff Resumes: The resumes of your organization's staff that will be involved in the programs for which funds are sought. This is required for SCIF to determine if the staff is likely to produce program success. Include full and part-time staff and consultants.

Proposed Job Descriptions: The qualifications required for the position and the duties to be performed. This is required for SCIF to determine if the job(s) to be performed is likely to produce program success.

Scope of Service: This is a very detailed outline of the services the Agency will provided.

Project Description: Write a brief synopsis of the program that the contract is representing.

License: Local and/or State license required for services to be provided with grant funds, such as childcare, health services, etc.

Insurance: Comprehensive General Liability Insurance with minimum limits of \$1,000,000.00 Bodily Injury (including death) and Property Damage, each occurrence with \$1,000,000.00 aggregate-combined single limit. This language must appear in the *Description of Operation* section of the Certificate: ***The City of Memphis is named as the additional insured by endorsement number (list endorsement number).*** The cancellation notice should be ***30*** days and the Certificate Holder should read ***City of Memphis, ATTN: Risk Management, 100 North Main Street, Suite 2028, Memphis, TN 38103.***

It is further agreed that coverage under the above listed policies shall be primary to, and not contribute with any insurance or self-insurance maintained by the City of Memphis.

EXHIBIT II (A): APPLICANT/AGENCY BUDGET
TOTAL AGENCY REVENUES AND EXPENDITURES
NON-PROFIT APPLICANTS ONLY

Agency Name: _____

Agency Fiscal Year: from _____ to _____

	Actual FY 2017 Budget	Current FY 2016 Budget	Total Estimated FY 2018 Budget
REVENUE			
Agency Fund-raising			
Donations			
Government Grants/Loans			
Non-Govt. Grants			
Contracts			
Fees for Services			
Other Income			
TOTAL REVENUE (A)			
II. EXPENDITURES			
Salaries			
Employee Taxes & Benefits			
Professional Fees			
Contracted Services			
Subscriptions/Memberships			
Communications			
Materials and Supplies			
Occupancy / Rent			
Local Transportation			
Client Services			
Major Equip. Purchases			
Bookkeeping/Audit			
Other			
TOTAL EXPENDED (B)			
III. BALANCE (A - B)			

*FY 2016 means the year ending in 2016, FY 2017 means the year ending in 2017 and FY 2018 means the year ending in 2018.

**PART III (B): APPLICATION CERTIFICATIONS FOR NEIGHBORHOOD DEVELOPMENT
PROGRAM GRANT APPLICANTS**

The undersigned applicant seeks a Neighborhood Development Program Grant from the **City of Memphis**, Division of Housing and Community Development. The applicant understands these funds are subject to funding availability and City Council approval. The applicant agrees and certifies to comply with applicable City, State and Federal rules governing the funds.

Agency Name:

Project Title:

Executive Director

Date

Print Name

Board Chairman

Date

Print Name



HOUSING AND COMMUNITY DEVELOPMENT
GRANT APPLICATION
FISCAL YEAR 2018

Date: _____

AGENCY INFORMATION

AGENCY NAME: _____

AGENCY ADDRESS: _____

TELEPHONE NUMBER: _____ CONTACT PERSON: _____

CONTACT'S EMAIL

ADDRESS: _____

Do you have verification of the agency's 501(c)3 classification as determined by the IRS?

☐ Yes 501 (c) 3

☐ No **(STOP): Your organization does not qualify for funding if it is not a non-profit**

tax-exempt organization as determined by the IRS).

AGENCY LICENSURE

By Whom: _____

As What: _____

Date: ____ / ____ / ____

AGENCY ACCREDITATION AND CERTIFICATION

By Whom: _____

As what: _____

Date: ____ / ____ / ____

COMPOSTION OF BOARD

Number of: African Americans_____ Whites_____ Others_____ Men_____
Women_____

Percentages of Board Participation: Time Donated _____ Dollars _____

UTILIZATION OF SERVICE

Number Serviced: _____ Last Year _____ Est. For Current Year _____ Projected Next
year

Application – Page 2

YEARS OF CONTINUOUS OPERATION

From: _____ to _____ Total Years: _____

AMOUNT REQUESTED: \$_____

(Please explain specifically how the grant will be used)

(TYPE HERE)

AGENCY DESCRIPTION (Give a brief description of the agency and its function. Who is the agency intended to serve? How does the agency promote the general welfare of the City?)

(TYPE HERE)

SCOPE OF SERVICE (who is the agency intended to serve)

(TYPE HERE)

PROGRAM DESCRIPTION (program specific to the amount requested)

(TYPE HERE)

PLEASE PROVIDE A DETAILED PROGRAM BUDGET AND MAKE CERTAIN TO SHOW PROGRAM INCOME SOURCES, MATCHES AND USES AS WELL.

AGENCY PROGRAM BUDGET

Program Name: _____

Program Budget per Fiscal Year: 2018

Program Budget	Budget Amount
I. Revenue (Income Sources)	
	\$
	\$
	\$
	\$
Total Revenue (Sources)	\$
II. Expenditure Categories (Uses)	
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total Expenditures (Uses)	\$
III. Balance (A-B)	\$

GRANT FUNDING *(If your agency received Grant Funding last fiscal year (FY2017), please explain how the money was utilized. PLEASE PROVIDE DOCUMENTATION OF FY SPENDING - itemization, impact on the group intended to serve, brochures, etc.)*

(TYPE HERE)

STRATEGIC SERVICE AREA OF THE CITY

(Which does the agency help/serve?)

☐ *Neighborhood Services* ☐ *Employee Services* ☐ *Business Services* ☐ *Youth Services*

(Explain and Demonstrate why your program is needed, and how it will impact the community.)

(TYPE HERE)

Signature _____
Date ____/____/____

PLEASE REFER TO ENCLOSED CHECKLIST AND FORMS APPLICABLE TO THE APPLICATION PROCESS.

NOTE: AN AUDITED ANNUAL REPORT (if Agency received federal assistance during it's last fiscal year was \$500,000 or more) and a copy of the IRS determination letter must be received by the application deadline for consideration and approval. If applicable, prior year documentation of grant spending required for future consideration.